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Effect of the Intimate partner violence Against Women Attending Different Primary Health Centers in Saudi Arabia 2022

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Abstract

Background: Intimate partner violence is one of the most common forms of violence against women and includes physical, sexual, and emotional abuse and controlling behavior's by an intimate partner Intimate partner violence (IPV) occurs in all settings and among all socioeconomic, religious and cultural groups. The overwhelming global burden of IPV is borne by women. Although women can be violent in relationships with men, often in self-defense, and violence sometimes occurs in same-sex partnerships, the most common perpetrators of violence against women are male intimate partners or ex-partners . By contrast, men are far more likely to experience violent acts by strangers or acquaintances than by someone close to them ., researchers have shown the increasing prevalence of violence perpetrated on women by their male partners. Intimate partner violence (IPV) is a serious and widespread problem worldwide. Intimate partner violence can seriously influence the physical, mental, sexual, and reproductive health of women as well as the welfare of their children. In the Middle East, intimate partner violence is pervasive and widely acceptable. Aim of the study: To determine the effect of the Intimate partner violence Against Women Attending Different Primary Health Centers in Saudi Arabia 2022. Method: cross-sectional study was conducted among 300 Saudi women attending different primary health centers in Saudi Arabia. A structured questionnaire was distributed to the targeted population during a face-to-face interview, during data collection period 2022 . Results: shows that the highest proportion of participants age 25-30 years were (33.0%) marital status the majority of participant married were (72.0) age at marriage the majority of participant <20 years were (70.0%), regarding the marriage duration the majority of participant >10 years were (59.0%) but 6-10years were (20.0%), regarding having children the majority of participant answer Yes were (78.0%) but No were (22.0%) , number of children the majority of participant >4 years were (80.0%) but 1-3years were

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(20.0%). Conclusion: Many factors are associated with intimate Partner Violence against women, remains an important public health problem among married women thereby highlighting the need to urgent interventions including educational and screening programs for Saudi women are required to mitigate the problem.

Key words: *Determine, prevalence, Correlates, intimate Partner Violence, women, Primary Health Centers, Saudi Arabia.*

Introduction

Each year, high number women in the Saudi Arabia experience IPV. The 2016 National Intimate Partner and Sexual Violence Survey (NVAWS) [1] indicates that over a lifetime, 30% of women experience physical violence, 9% are raped, 17% experience sexual violence other than rape, and 48% experience psychological aggression.[2] NVAWS reports that nearly 3 in 10 women have experienced stalking, rape, and/or physical violence by an intimate partner.[3] The loss of life attributed to IPV is alarming. According to Federal Bureau of Investigation's Uniform Crime Reports Supplementary Homicide Reports, 1,026 women were killed by an intimate partner in 2016.[4] Younger women and minorities are more likely to experience IPV.[5] Lifetime prevalence of rape, physical violence, and/or stalking is highest in those who self-identify as multiracial.5 victims of rape or sexual assault at more than double the rate of other racial groups.[4]

Intimate partner violence (IPV) is defined as violence committed by a current or former boyfriend, girlfriend, spouse, or ex-spouse. The definition of intimate partner violence endorsed by the World Health Organization is behavior within an intimate relationship that causes physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, and psychological abuse and controlling behavior. [6] Sexual/reproductive coercion is coercion by male partners to make female partners pregnant or to discontinue current pregnancy. Birth control sabotage is partner interference with contraception.3 although intimate partner violence affects both men and women, more women experience IPV, and most studies and interventions focus on female populations. [7]

Intimate Partner Violence can take many forms, including physical, sexual, emotional, or psychological abuse. The consequences of intimate Partner Violence have emerged in the literature [8]. Sequelae include injuries such as bruises, broken bones, head injuries, chronic pain, including headaches and back pain, sexually transmitted infections, and unintended pregnancies, the broader physical sequelae could include long-term health problems such as cardiovascular disease, chronic pain, and gastrointestinal disorders.[9] The corpus of literature has also highlighted the emotional impact of Intimate Partner Violence survivors, including all spectrums of psychiatric disorders .[10]

The World Health Organization (WHO) showed that nearly one in three or 30% of women have been exposed to physical and/or sexual violence by an intimate partner according to the analysis of data from 2000 to 2018 among 161 countries [11]. WHO reported that 29.8% of women in the United States and 25.4% in European countries have been exposed to physical or sexual violence by an intimate partner [12]. In addition, one out of three women in Egypt, Palestine, Tunisia, and Israel have been exposed to violence in 2003–2005 [13]

There are also reports that intimate Partner Violence can cascade the social and economic sphere, including isolation from one's social network, family, and friends, loss of social support and resources, economic dependence and financial difficulties, homelessness, or insecure housing [14]. Intimate partner violence can have negative impacts on children, including behavior problems, emotional difficulties, and poor academic performance [15]. This implies that such diverse negative impacts of Intimate partner violence require

different types of support and interventions to address them. Saudi women are reluctant to disclose being exposed to Intimate partner violence to save her family from destruction. With Saudi Arabia's Vision 2030, different Saudi norms have been changed and there is an improvement in women's human rights as Saudi women become empowered.[16]

Literature review

Saudi Arabia is considered a closed community because little was known about their reproductive health issues. The willingness of Saudi women to participate in studies discussing reproductive health needs and exploring their privacy is limited. It is well known that the man in Saudi society is the master of the family and women are responsible for taking care of the family avoiding family destruction irrespective of their happiness. Saudi norms prevent women from asking for assistance from strangers or reporting their reproductive health issues to physicians or families [17]

Elghossain, Bott, and Akik [18] have reported a systematic review of Intimate Partner Violence in the Middle East/North Africa (MENA) region. The authors have collected population-based studies from seven countries. The frequency of IPV ranged from 6% to as high as 59% for physical violence, 3% to 40% for sexual violence, and 5% to 91% for emotional/psychological violence.[18]

An article published in Sweden 2021 showed that the reliability coefficients were 0.79 (psychological scale), 0.80 (physical scale), 0.72 (sexual scale) and 0.88 (total scale).[19] these findings were in line with many articles. This could be interpreted as a similarity in internal reliability in spite of differences in culture and socioeconomic status between more liberal countries such as Sweden and a conservative country such as Saudi Arabia , While economic factors are usually implicated in domestic violence [20] some authors reported that employment status and relative earnings were not predictive of domestic violence.[21]

More recently, Al-Adawi et al (2021) [22] have reported a scoping review of the MENA. The authors reported that physical injury common sequel of Intimate Partner Violence. Associated factors with IPV included age, education, length of the marriage, previous experiences of childhood abuse or witnessing family violence, geographical area (a rural location), and family income. [22]

Interestingly, both the systematic review and scoping review did not proceed with a met analysis. It is not clear whether such omission stems from the heterogeneity of the design, methods, or outcome measures of the extant studies. Another conspicuously absent from critical review is studies from the Arabian Gulf countries except for Saudi Arabia [23]

Study by Abolfotouh [24] found that was to explore the attitudes of men towards the causes of domestic violence against women specifically, wife beating as wife beating has been a common practice in Saudi Arabia .[24]

The National Institute for Occupational Safety and Health (NIOSH) characterized workplace violence as "act or danger of violence, going verbal abuse to physical assaults directed toward people at work or on the job" [25]

Rationale:

Correlates of intimate Partner Violence among women are a major public health issue worldwide that has wide implications, not only on the wellbeing of women but also on families and societies at large. It is a brutal practice that remains to be the least recognized fundamental human rights violation. Emotional intimate partner violence , also known as psychological or mental abuse, is defined as any behavior that threatens, intimidates or undermines the victim's self-worth or self-esteem or controls the victim's freedom refers like physical violence to the use of physical force against another person in the form of beating, kicking, slapping, stabbing, shooting, pushing, biting and/or pinching. Verbal

abuse is defined as the use of words to cause harm to the person being addressed. Sexual abuse is defined as any unwanted, unreciprocated and unwelcomed behavior of a sexual nature that is offensive to the person involved, and causes that person to feel threatened, humiliated, nevertheless, a concerted effort will be needed to quantify the frequency and risk factors for IPV using sociocultural lances to avoid any spuriousness of the data .

Aim of the study:

To determine the effect of the Intimate partner violence Against Women Attending Different Primary Health Centers in Saudi Arabia 2022.

Specific objectives:

To determine the effect of the Intimate partner violence Against Women Attending Different Primary Health Centers in Saudi Arabia 2022.

Methodology

Study Design

Cross-sectional analytical study design has been adopted.

Study Area

The study has been conducted at women attending different Primary Health Centers in Saudi Arabia,

Study population:

Women attending different Primary Health Centers in Saudi Arabia (females) have been included in the study.

Eligibility Criteria

Inclusion criteria:

- Saudi females who were married at the time of the study .
- Saudi female's divorced/widowed less than one year before the study were included in the present study.

Exclusion criteria:

- Women with psychiatric diseases .
- Women who do not meet the above criteria were excluded from the study.

Sample Size

The sample size calculation was done using n = P (1 - P) z2/ d2 assuming the prevalence of Intimate Partner Violence as 30% , Z = 1.96 and d = 0.05, and applying a confidence level of 95%. The calculated sample size . The sample size was raised to 300 after adding 10% as a non-response rate.

Sampling Technique

The target population was selected from primary health centers of the Saudi Arabia during the study period. There were primary health centers in the Saudi Arabia. By simple random sampling technique, 15 centers were selected out . The number of women chosen in each primary health center was proportional to the number of women served by this center until reaching the estimated sample size the target population of the present study was chosen from the waiting areas of the primary health centers after being informed about the objectives of the study.

Data Collection Tool

A structured questionnaire was used for data collection. The questionnaire was composed of four parts. The first part inquired into socio demographic features of the participants such as age, marital status, educational level, employment, monthly income, age at marriage, marriage duration, having children, number of children, residence, etc. The second part of the questionnaire was about the husband's characteristics such as education, employment, job type, smoking status, aggressive behavior, alcohol consumption, and drug abuse. The third part inquired about the exposure to Intimate Partner Violence over the last year using the Arabic version of the Norvold Domestic Abuse Questionnaire. This questionnaire is well-validated and reliable to estimate the prevalence of different forms of Intimate Partner Violence: emotional, physical, and sexual [26]. The alpha reliability coefficient of the Norvold Domestic Abuse Questionnaire was 0.75 [26]. The fourth part of the questionnaire consisted of questions related to the reasons, consequences, and reactions to intimate Partner Violence as reported by the respondents.

Data Collection Technique

The researcher has been visit the Primary Health Centers in Saudi Arabia after getting official permissions to conduct the study .

They have been explaining the purpose of the study to the Primary Health Centers in Saudi Arabia head in each setting. Then, the questionnaire has been distributed on women attending different after explaining the purpose of the study and how to fill the questionnaire to them.

Data Entry and Analysis

Data has been collected, reviewed, coded and entered into the personal computer. Data has been presented in the form of frequencies and percentages. Chi-squared test ($\chi 2$) has been used for comparing qualitative data. Other statistical tests has been applied whenever appropriate. Statistical significance has been considered at p-value ≤ 0.05. Analysis has been done using SPSS program version 24 .

Pilot Study

A pilot study was conducted on 30 eligible women to assess the clarity and face validity of the used questionnaire. No modifications were performed on the used questionnaire, results of the pilot study were not included in the present study..

Ethical Considerations

☒ The proposal was submitted review Committee Saudi Arabia, and data collection was commenced after ethical clearance .

☒ A written consent form with a statement of confidentiality was taken from women who welcomed participation in the present study, confidentiality of the data was confirmed

Budget

☒ The research will be self-funded

Result

Table 1: distribution of participants according to socio demographic characteristics (Age, qualification, Job title, and experience) (n=300)

	N	%
Age		
< 20	60	20

25-30	99	33
31-35	84	28
Above 35	57	19
Monthly income		
<5000 RS	156	52
5000–10000 RS	93	31
>10000 RS	51	17
Monthly income sufficient		
Yes	84	28
No	216	72
Marital status		
Married	216	72
Divorced	33	11
Widowed	51	17
Employment		
Employed	174	58
Unemployed	126	42
Level of education		
Illiterate	57	19
Primary/preparatory	60	20
Secondary/diploma	54	18
University/postgraduate	129	43
Age at marriage		
< 20	210	70
>20	90	30
Marriage duration		
0–5 years	63	21
6–10 years	60	20
>10 years	177	59
Having children		
Yes	234	78
No	66	22
Number of children		
1–3	60	20
>4	240	80
Residence		

House of husband	198	66
House of Husband's family	102	34

Regarding socio demographic characteristics, this table shows that the highest proportion of participants age 25-30 years were (33.0%) and 31-35 years of age were (28.0%), while < 20 years and above 35 were respectively (20.0,19.0%), regarding the monthly income the majority of participant <5000SR were (52.0%), but 5000-10000SR were (31.0%) while >10000SR were (17.0%), regarding monthly income sufficient the majority of participant No were (72.0%) but Yes were (28.0%), regarding marital status the majority of participant married were (72.0%) but widowed were (17.0%), while divorced were (11.0%), regarding the employment majority of participant employed were (58.0%) but unemployed were (42.0%), while more than were (12.0%), regarding the level of education is the majority of participant university/postgraduate were (43.0%) but primary/preparatory were (20.0%), while Illiterate were (19.0%) but secondary/diploma were (18.0%), regarding the age at marriage the majority of participant <20 years were (70.0%), while >20 years were (30.0%) , regarding the marriage duration the majority of participant >10 years were (59.0%) but 6-10years were (20.0%), while 0-5 years were (21.0%), regarding having children the majority of participant answer Yes were (78.0%) but No were (22.0%) , regarding the number of children the majority of participant >4 years were (80.0%) but 1-3years were (20.0%), regarding residence the majority of participant house of husband were (66.0%) but house of husbands family were (34.0%) .

Table 2 Distribution of the Prevalence and types of Intimate Partner Violence among women attending different primary health centers in the Saudi Arabia

Variable	N	%
Exposure to intimate Partner Violence		
Yes	200	66.67
No	100	33.33
Types of intimate Partner Violence		
Emotional	16	8
Physical	144	72
Sexual	40	20

Table 2 show of the prevalence and types of Intimate Partner Violence among women attending different primary health centers regarding the exposure to intimate Partner Violence the majority of participant answer Yes were (66.0%) followed by No were (33.0%) regarding the types of intimate Partner Violence the most of participant answer physical were (72.0%) while Sexual were (20.0%) while emotion were (8.0)

Figure 1 Distribution of the prevalence regarding exposure to intimate Partner Violence

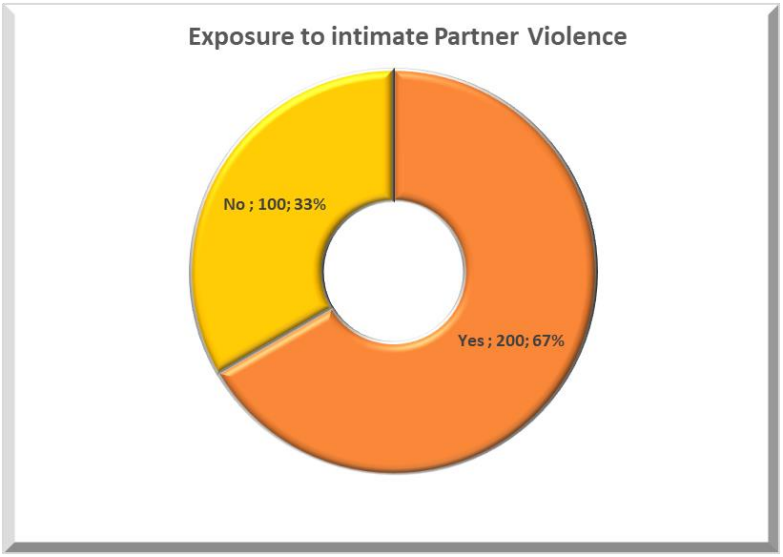

Figure 2Distribution of the prevalence regarding types of intimate Partner Violence

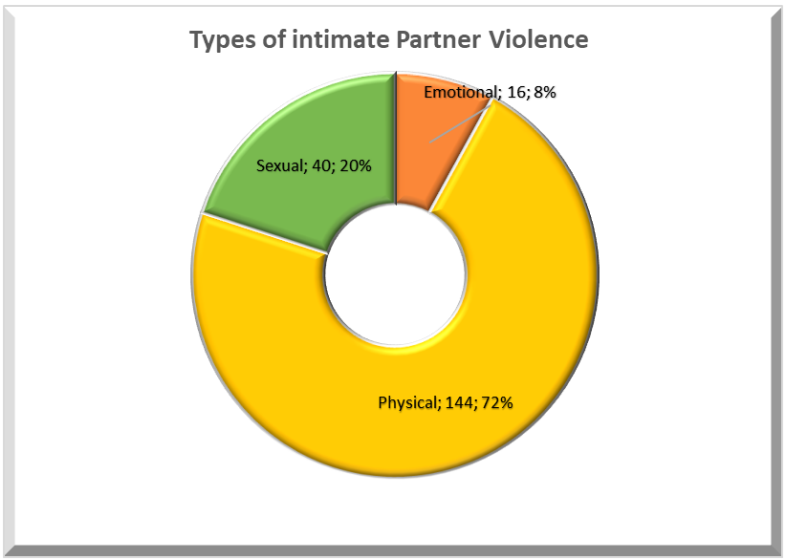

Table 3 Description of relationship between Intimate Partner Violence and characteristics of husbands of women attending different primary health centers in Saudi Arabia

Husbands' Characteristics	Exposed		Non-Exposed		Chi-square	
	No	%	No	%	X^2	P-value
Husband education						
Illiterate	52	26	5	5	107.967	<0.001*
Primary/preparatory	55	27.5	5	5		
Secondary/diploma	49	24.5	5	5		
University/postgraduate	44	22	85	85		
Husband Employment						
Working	122	61	52	52	1.863	0.172
No working	78	39	48	48		

Job type						
Civil	70	35	35	35	0.016	0.8978
Military	130	65	65	65		
Smoking status						
Yes	155	77.5	43	43	33.84	<0.001*
No	45	22.5	57	57		
Aggressive behavior						
Yes	124	62	35	35	18.441	<0.001*
No	76	38	65	65		
Drug abuse						
Yes	148	74	36	36	39.006	<0.001*
No	52	26	64	64		

Table (3) show the relationship between Intimate Partner Violence among exposed and Non-exposed and characteristics of husbands regarding husband education the majority of participant in exposed increased in primary/preparatory were (27.5%), followed by illiterate were (26.0%) while secondary/diploma were (24.5%) but the university/postgraduate were (22.0%) while regarding Non-exposed the most of participant in university/postgraduate were (85.0%) while a significant relation were P-value=0.001, and X^2 (107.967), regarding husband employment the majority of participant in exposed increased in working were (61.0%), followed by No-working were (39.0%) while regarding Non-exposed the most of participant in working were (52.0%) followed by No-working were (48.0%) while no significant relation were P-value=0.172, and X^2 (1.863), regarding job type the majority of participant in exposed increased in military were (65.0%), followed by civil were (35.0%) while regarding Non-exposed the most of participant in military were (65.0%) followed by civil were (35.0%) while no significant relation were P-value=0.8978, and X^2 (0.016), regarding smoking status the majority of participant in exposed increased in answer Yes were (77.5%), followed by No were (22.5%) while regarding Non-exposed the most of participant in answer No were (57.0%) followed by Yes were (43.0%) while a significant relation were P-value=0.001, and X^2 (33.84), regarding aggressive behavior the majority of participant in exposed increased in answer Yes were (62.0%), followed by No were (38.0%) while regarding Non-exposed the most of participant in answer No were (64.0%) followed by Yes were (35.0%) while a significant relation were P-value=18.441, and X^2 (18.441), regarding drug abuse the majority of participant in exposed increased in answer Yes were (74.0%), followed by No were (26.0%) while regarding Non-exposed the most of participant in answer No were (64.0%) followed by Yes were (36.0%) while a significant relation were P-value=0.001, and X^2 (39.006) .

Table 4 Description reasons, consequences, and reactions to intimate Partner Violence among women attending different primary health centers in Saudi Arabia.

	N	%
Causes of intimate Partner Violence as reported by women		
Sociocultural effects	45	15
Insufficient income	135	45
Jealousy	63	21

Stressors	264	88
Drug abuse	6	2
Treachery	36	12
Frequency of intimate Partner Violence		
Once/day	168	56
Once/week	84	28
Once or more/month	48	16
The gender of the abuser was		
Female	90	30
Male	210	70
Which time did it happen?		
08.00 Am - 04.00pm	57	19
04.00 pm - 12.00 Am	126	42
12.00 Am - 08.00 Am	117	39
Residual influences of intimate Partner Violence		
Psychological problems	111	37
Injuries	9	3
No effects	63	21
Hospital admission	90	30
Taking drugs	147	49
Medical problems	99	33
Reactions to intimate Partner Violence		
No reaction	117	39
Leave home	123	41
Request divorce	60	20
Go to doctor	57	19
Call police	111	37

Regarding description reasons, consequences, and reactions to Intimate Partner Violence among women this table shows that regarding the causes of intimate Partner Violence as reported by women most of participants in stressors were (88.0%) followed by insufficient income were (45.0%), while jealousy were (21.0%) but sociocultural effects were (15.0%) while treachery were (12.0%) but drug abuse were (2.0%) , regarding the frequency of intimate Partner Violence most of participants in once/day were (56.0%) followed by once/week were (28.0%), while once or more/month were (16.0%), regarding the gender of the abuser was most of participants male were (70.0%) followed by female were (30.0%), regarding the time did it happen most of participants 04.00 pm - 12.00 Am were (42.0%) followed by 12.00 Am - 08.00 Am were (42.0%), while 08.00 Am - 04.00pm were (19.0%) , regarding the residual influences of intimate Partner Violence most of

participants taking drugs were (49.0%) followed by psychological problems were (37.0%), while medical problems were (33.0%) but hospital admission were (30.0%) while No effects were (21.0%) but injuries were (3.0%) .

Discussion

Intimate Partner Violence is a serious, rising, and preventable public health problem that affects millions of people worldwide. Intimate Partner Violence has become a major topic in Saudi Arabia, with official and nongovernmental organizations analyzing them from both social and medical viewpoints [27]

The Saudi Arabia rapid modernization in recent years has resulted in significant material progress for its population, while regressive practices that harm women such as female genital mutilation, child marriage, and honor killing are gradually declining [23]. However, the challenges of a patrilineal society that exist elsewhere in the world are also common among Khaliji women. In a patrilineal society, women are often subjected to traditional gender roles and expectations, and their primary role is traditionally limited to being a wife, mother, and caretaker of the household . [22]

In our study Regarding socio demographic characteristics shows that the highest proportion of participants age 25-30 years were (33.0%), regarding monthly income sufficient the majority of participant No were (72.0%), marital status the majority of participant married were (72.0%), employment majority of participant employed were (58.0%), level of education is the majority of participant university/postgraduate were (43.0%), the marriage duration the majority of participant >10 years were (59.0%) . (See table 1)

The prevalence of intimate Partner Violence varies per country, based on cultural taboos as well as how violence is defined [28]. Even though intimate Partner Violence is widely acceptable in many countries, it is nonetheless considered a breach of women's rights. The significance of violence arises from the fact that it has an impact on both men and women, as well as children. Witnessing abuse as a child is a well-known risk factor for their future engagement in violence [17]. study was done in Riyadh to determine the prevalence and correlates of intimate Partner Violence among women attending different primary health centers, study revealed that the prevalence of intimate Partner Violence was 30.3%, which is higher than that reported among female visitors to primary care centers in Aljouf region at Saudi Arabia, where the prevalence was 20% [10], also is higher than that reported in our study show of the prevalence and types of Intimate Partner Violence among women attending different primary health centers regarding the exposure to intimate Partner Violence the majority of participant answer Yes were (66.0%) followed by No were (33.0%) regarding the types of intimate Partner Violence the most of participant answer physical were (72.0%) while Sexual were (20.0%) while emotion were (8.0) (See table 2)

The current study indicates that the husband's characteristics that significantly influence the exposure to Intimate Partner Violence are being a smoker and having aggressive behavior. This evidence points to the dominance of men in Saudi Arabian society, with wives expected to obey their husbands and accept everything as normal male conduct [29]. Similar findings have been reported in Uganda where most women (71%) experienced partner controlling behaviors [30]. In addition, a study conducted in Egypt showed that smoking and drug use habits among husbands were significantly associated with spousal violence [25]. Furthermore, alcohol and drug use among the husbands, which was correlated with Intimate Partner Violence in many studies [20] and even reported by women in the present study as reasons of violence, were not associated with Intimate Partner Violence in the current study, probably due to the small sample size (drug abuse and alcoholism are not prevalent in the Saudi population). This finding was consistent with a study conducted in Turkey to investigate risk factors of domestic violence [28]. in our study show the regarding husband education the majority of participant in exposed increased in

primary/preparatory were (27.5%), while Non-exposed the most of participant in university/postgraduate were (85.0%), regarding husband employment the majority of participant in exposed increased in working were (61.0%), while Non-exposed the most of participant in working were (52.0%) followed by No-working were (48.0%) while no significant relation were P-value=0.172, and X2 (1.863) (See table 3)

Women who are assaulted by their partners are more likely to experience despair, anxiety, and phobias than those who are not abused. The most common residual effects of Intimate Partner Violence in the current study were psychological problems. In the WHO multi-country study, women who had ever encountered any violence reported significantly more psychological trauma, thoughts of suicide, and attempted suicide than those who had not [31]. The majority of women in this study complained of injuries as residual effects of Intimate Partner Violence According to a survey performed in Saudi Arabia, 53% of husbands who physically abused their spouses believed it was their responsibility to correct their wives' behavior, even if it meant physical injuries [32]

In the current study description reasons, consequences, and reactions to Intimate Partner Violence among women shows the causes of intimate Partner Violence as reported by women most of participants in stressors were (88.0%), the frequency of intimate Partner Violence most of participants in once/day were (56.0%) followed by once/week were (28.0%), the gender of the abuser was most of participants male were (70.0%) followed by female were (30.0%), the residual influences of intimate Partner Violence most of participants taking drugs were (49.0%) (See table 4)

Conclusions

The present study is among few studies done in the Middle East regarding Intimate Partner Violence and adds supplementary data to the literature about this closed society. In the present study, Saudi women complained of different forms of Intimate Partner Violence. The current study shows that emotional violence is the highest form, followed by physical and then sexual violence. Sociocultural effects were the most frequent reason for Intimate Partner Violence as reported by the participants. Thus, addressing this public health problem is of urgent importance and requires collaborations between multiple sectors including policymakers, professionals, and stakeholders to mitigate this situation.

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